

Thank you for your interest in applying for a position with the
Town of Crawford Summer Camp!

The application form process begins on the following page.
Before moving on to that, please review the following:

Instructions & Information for Applicants

- The Town of Crawford hosts a FIVE-week camp season.
- Camp is hosted on weekdays at: TOWN OF CRAWFORD PARK, RED MILLS ROAD, PINE BUSH NY 12566
- In the event of inclement weather, Camp is moved indoors to the Community Center at :
115 State Route 302, Pine Bush. NY 12566.

- CAMP DATES ARE: Weekdays, Monday, July 1, 2019 – Friday Aug 2, 2019 **Camp is Closed: July 4th**

- WORK HOURS ARE: **8:30 am SHARP – 1:15 pm DAILY**

- Summer Camp Staff are expected to work the entire five-week camp session with the exception July 4.
Please confirm that you will be available during the entire five-week period prior to beginning this application process. (TWO-DAY exceptions can be made for College Orientations with expressed prior permission from Camp Administration)
- Hired Staff are REQUIRED to attend a paid 'Counselor Orientation' or 'Refresher Training', scheduled for late-afternoon on the Friday prior to Camp start
- All applicants, even those previously employed must complete with this application in order to be considered for a position at the Town of Crawford Summer Camp.

- **Applicant must be 16 years of age or older as of the camp start date.**

ADDITIONAL DOCUMENTATION REQUIRED

The following must be submitted with the COMPLETED application form.
The list is also repeated on the summary page of the application form.

- **A copy of your working papers (If under 18 years of age)**
- **Copy of current Photo I.D.**
- **Three SEALED reference letters**
Reference letters are OPTIONAL if you were employed at camp the PREVIOUS summer.

- *OPTIONAL: Copies of any certifications which will remain CURRENT through camp dates
(Ex: CPR, First Aid, R.T.E., CFR, EMT, Lifeguard)*



Town of Crawford
121 State Route 302
Pine Bush, N.Y. 12566

2019 Summer Camp-Counselor Staff Application

CONTACT INFORMATION:

Name: _____ Email _____

Address: _____

Do you reside in the Town of Crawford? Y _____ N _____

Home Phone _____ Cell _____

Emergency Contact Name: _____ Cell _____

Relationship: _____

How long have you lived at your current address? _____ Are you a U.S. Citizen? _____

Have you been employed by the Town of Crawford previously? Y _____ N _____

If yes, please explain: _____

Do you have experience working or volunteering with youth? Please explain on line below.

This is a five-week camp season that consists of 24 work days. Do you foresee having to miss any days of work during the camp season? Y _____ N _____

If yes, please explain: _____

Must be 16+ DOB _____ / _____ / _____
As of first day of camp Mo Day Year

Tee Shirt, Adult Size Check one:

Small _____ Medium _____ Large _____ XL large _____ XXL _____ XXXL _____



Town of Crawford
 121 State Route 302
 Pine Bush, N.Y. 12566

Summer Camp-Counselor Staff Application

Education:

School Type	Dates Attended	Name	City, State	Highest level Completed	Degree earned Field of study
High School					
College					
Vocational					
Other:					

Do you have a high school diploma? Yes _____ No _____ Do you have a GED? Yes _____ No _____

If no, what month/year are you due to graduate? _____

Do you have any of the following certifications?

IF YES, ATTACH COPIES OF CERTIFICATIONS WHICH REMAIN CURRENT THROUGH CAMP DATES

CPR: type _____ Issuing agency _____ Date of Completion _____
 First Aid: type _____ Issuing agency _____ Date of Completion _____
 R.T.E.: type _____ Issuing agency _____ Date of Completion _____
 CFR/EMT: type _____ Issuing agency _____ Date of Completion _____
 Lifeguard: type _____ Issuing agency _____ Date of Completion _____

OTHER: List any other current relevant trainings, degrees or certifications:

Please list activities/clubs, skills/talents/interests:

Personal Statement: Please tell us about yourself and why you want to work at our camp:



Town of Crawford
 121 State Route 302
 Pine Bush, N.Y. 12566

Summer Camp-Counselor Staff Application

Employment History:

Dates From – To	Company/ Business	Address City, State	Contact Name / Phone Number	Job Title/Duties	Currently employed -OR- Reason for leaving

May we contact you employers? Yes _____ No _____
 Have you ever been terminated from a job? No _____ Yes _____ If yes, why? _____

Volunteering History:

Dates From – To	Group or Organization	Place: Address City, State	Contact Name / Phone Number	Job Title/duties



Town of Crawford
 121 State Route 302
 Pine Bush, N.Y. 12566

Summer Camp-Counselor Staff Application

REFERENCE-LETTERS ARE REQUIRED, AND MUST BE SUBMITTED WITH THIS APPLICATION.

References should be written by adults only.

Examples may include: Past Employer, Teacher, Guidance, Coach, Advisor, Mentor, Program Leader. NO friends /family please.

Applications without reference-letters attached will not be considered.

Please complete the following information on the THREE ATTACHED references:

Name of References on the Attached Letters	Relationship	Length of time known
1.		
2.		
3.		

Medical Consent

If applicant is 18 years of age or OLDER:

I give permission to receive medical treatment and transportation in the event of a medical emergency.

I give permission to be transported in the case of organized trips and special events.

I give permission for my image to be used for marketing purposes or in publications.

APPLICANT NAME (PRINT) _____ Age _____

APPLICANT SIGNATURE _____ Date _____

***IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM,**

I give permission for my child to receive medical treatment and transportation in the event of a medical emergency.

I give permission for my child to be transported in the case of organized trips and special events.

I give permission for my child's image to be used for marketing purposes or in publications.

Parent / Legal Guardian Name (PRINT) _____

Parent / Legal Guardian Name: Signature _____ Date _____



Town of Crawford
121 State Route 302
Pine Bush, N.Y. 12566

Summer Camp-Counselor Staff Application

Authorization:

I authorize the Town of Crawford to verify the information contained in this application. I understand that the Town of Crawford will conduct a background check through the NYS DCJS. I understand that any misrepresentation or omission of fact may justify termination of employment or employment process. A copy of this authorization shall have the same authority as the original.

Applicant Name (PRINT) _____

Applicant Signature: _____ Age*: _____ Date _____

***IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM, also MUST include:**

Parent / Legal Guardian Name (PRINT) _____

Parent / Legal Guardian Name: Signature _____ Date _____

Waiver:

I acknowledge that by signing this document, I am releasing the Town of Crawford their officials, staff and volunteers from liability. This release form has legal consequences. I have read it carefully before signing. In consideration the opportunity to become employed by the Town of Crawford, I/WE HEREBY RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE, SHALL DEFEND AND INDEMNIFY, the Town of Crawford, their officials, staff and volunteers, from any and all rights and claims including arising from the negligence of the released parties, which may be directly or indirectly in connection to my participation/employment with the Town of Crawford. The undersigned agrees that the remainder of this release and indemnity shall remain in full force and effect.

Applicant Name (PRINT) _____

Applicant Signature: _____ Age*: _____ Date _____

***IF APPLICANT IS UNDER 18 YEARS OF AGE AT TIME OF COMPLETING THIS FORM, also MUST include:**

Parent / Legal Guardian Name (PRINT) _____

Parent / Legal Guardian Name: Signature _____ Date _____



Town of Crawford
121 State Route 302
Pine Bush, N.Y. 12566

Employee Criminal History Review
STATEMENT OF CONVICTIONS

All employees must complete this form. A crime is a misdemeanor or felony.
 This does **NOT** include violations such as traffic infractions and trespassing.
 Please Print.

Applicant's Name: First _____ Middle _____ Last _____ Maiden _____

Social Security Number _____ **Date of Birth** _____ **City of Birth** _____

Address _____

Conviction Statement:

In accordance with section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief,
 (Check One) _____ I have* _____ I have not
 been convicted of a crime in New York State or other jurisdiction. If I have been convicted of a crime, I will provide true
 and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant
 information in the space below. In addition, I will provide written justification on the back of this sheet, explaining why I
 should be allowed to have contact with children regardless of my conviction. I am aware that this will be my only
 opportunity for this explanation to be considered in the decision to approve or deny my application.

*Record of all convictions:

Complete the information below and submit with record of conviction or certification of court arraignment.

TYPE OF CRIME	Penal Code Section	Date of Conviction	County or Court of Arraignment
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Example:

<i>Disorderly conduct</i>	<i>240.20</i>	<i>3/17/1976</i>	<i>Albany</i>
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To the best of my knowledge the information provided above is true and accurate. I understand that my failure to
 truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate
 information concerning the conviction(s) may constitute grounds for dismissal or denial of employment.
 I give permission to The Town of Crawford to investigate my personal and any criminal history and to contact my
 references for information.

Applicant/ Employee Name (PRINT) : _____

Applicant/ Employee Signature: _____ **Age*** _____ **Date** _____

***If under 18 years of age, also include:**

Parent / Guardian Signature

Date

SUMMARY PAGE

Please include the following with your submission:

_____ This **COMPLETED** application.

_____ A copy of working papers (If under 18 years of age)

_____ Copy of current Photo I.D.

_____ Three **SEALED** references as per instructions in application.

References are **OPTIONAL** if you were employed at camp the **PREVIOUS** summer.

_____ **OPTIONAL: Copies of certifications which will remain CURRENT through camp season**
(Ex: CPR, First Aid, R.T.E., CFR, EMT, Lifeguard)

HOW TO SUBMIT:

Mail or Deliver completed application and attachments to:

Town of Crawford 121 State Route 302, Pine Bush, N.Y. 12566

Attn: D. Ragni / SUMMER CAMP STAFF APPLICATION

(Emailed or FAXED Applications will not be considered)

Calls to schedule interviews will begin in March.